

GLADSTONE PRIMARY SCHOOL

43. MEDICAL ISSUES

Rationale

To minimise the adverse effects of existing or unforeseen medical conditions or injuries and to ensure Health and Safety at Work Act 2015 is complied with.

Guidelines

1. Essential information relating to student and staff health will be obtained on enrolment as necessary. A detailed health form must be completed for each pupil attending school camps.
2. The first priority of the school will be to ensure that people ill or injured at school receive prompt and effective medical care.
3. Parents or caregivers will be notified as necessary. In situations where the student is unwell the sequence of events may be as follows:
 - (a) Sent to Medical Room
 - (b) Treated appropriately
 - (c) Better - back to classStill unwell - parent/contact person phoned to take student home.
4. A Register of Accidents is to be kept of all accidents (causing injury) and incidents (where there was potential for harm) and long term or past activities (industrial illness).
5. All serious harm to employees (as defined on the OSH form) must be reported to the Worksafe and Health Division of the Department of Labour and to the Ministry of Education on the appropriate forms. This will be done by the Principal or in his absence the Associate Principal Senior School. If both are absent then office staff will inform another AP who's duty it is to contact Worksafe NZ.
6. All attention given in the school Medical Room will be recorded in the Medical Room Register by the staff member who attended the student.
7. All staff will receive regular first aid refresher training, and staff members with specific responsibility for the Medical Room will need to hold a recognised First Aid Qualification.
8. A list of emergency numbers will be displayed in the Secretary's office and staff will be familiar with procedures for summoning emergency assistance. If emergency assistance is required the Board Chair is to be notified by phone/email/parents called immediately.
9. All first aid supplies will be kept in good order.
10. Recommended procedures for treating head injuries, fractures and severe bleeding will be displayed in the Medical Room.
11. Procedures for the care of students with known serious existing medical conditions will be known by all staff members.
12. The recommended criteria for referral of students to medical care will be displayed in the Medical Room.

13. No medication will be given without parents/caregivers permission (this includes paracetamol, etc.) In the case of prescribed medication, the Board of Trustees requires the parent or guardian to complete the "Request for School to Administer Medication" form.
14. All medication will be kept in the locked medical cabinet or fridge.
15. Injury reports will be used to identify and mitigate hazards around the school and the school community will be encouraged to report hazardous environments and activities so that modifications can be made promptly.

Dave Shadbolt _____
(Principal)

Fiona Barker _____
(Chairperson)

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Date: _____

I/We request that (*child's name*): _____ Room _____

of (*address*): _____

be administered medication at Gladstone Primary School.

1. I/We accept responsibility for the decision to give this medication to my/our child and acknowledge the school is in no way responsible for that decision.
2. I/We accept that the school and/or its agent cannot be held responsible for any subsequent side effects of any medication administered by an agent of the school or as a result of the physical administration of the medication.
3. I/We also accept that the school cannot guarantee that the medication will be given at a precise time or by the same person, although every endeavour will be made to do so.
4. I/We will notify the school about any changes to dosage or modified time when medication is to be given.
5. I/We accept that the school will take all reasonable care with the storage and security of the medication, but is in no way liable for damage or loss.

Specific Medication: _____

Purpose of Medication: _____

Dosage and Time of Administration: _____

1. My child will administer his/her own medicine YES/NO
2. My child needs supervision with taking his/her medicine YES/NO
3. My child requires an adult to give the medication YES/NO

Expiry Date of Medication: _____ Start Date: _____ Finish Date: _____

Storage Requirements: _____

Any Known Side Effects: _____

Name of G.P: _____ Phone No: _____

Emergency Contacts: _____ Phone No: _____

_____ Phone No: _____

Parent/Caregiver's Name: _____ Signature: _____

_____ Signature: _____

GLADSTONE PRIMARY INJURY OR INCIDENT INVESTIGATION FORM

Injury or incident details:

Date of Injury or Incident	Time	Location	Date reported

Personal details of person involved:

Name: _____

Address: _____

Phone Number: _____

Injury type: (circle applicable injuries)

Strain/Sprain	Bruising	Dislocation	Other (Specify)
Fracture	Scratch/Abrasion	Internal	
Laceration/Cut	Amputation	Foreign Body	
Burn/Scald	Chemical reaction	Stress/Fatigue	

Damaged Property:

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The Injury:

Describe what happened
What were the causes of the injury or incident?

How serious was the injury or incident? (circle one)

Very serious	Serious	Moderate	Minor	Negligible
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What is the risk of it happening again? (circle one)

Very likely	Likely	Moderate	Unlikely	Rare
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What action will be taken to prevent a recurrence?

Action	Actioned	By Whom	When

Injury treatment:

Treatment type eg: medical, first aid	Name of person giving first aid	Doctor or hospital (if required)

Investigator	Date

WorkSafe NZ advised: Yes No (circle one)	Date advised

Name: _____ Signature: _____

Workers Worker's Representative Date: ___/___/___